

**Florida Medicaid Family Planning Waiver
Section 1115**

Annual Report

September 26, 2014

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Introduction

The Agency for Health Care Administration (Agency), administers Florida's 1115 Family Planning Waiver, Project Number 11-W-00135/4. The Family Planning Waiver (FPW) has been in existence since 1998. In years prior to 2006, the FPW was limited to women who lost Medicaid eligibility after 60 days post-partum. Due to the limited number of women who could access family planning services, this eligibility criteria was changed in the 2006 renewal. Since 2006, the waiver has been available to all women of child-bearing ages (14-55) losing Medicaid coverage, who have a family income at or below 185 percent of the federal poverty level, and who are not otherwise eligible for Medicaid, Children's Health Insurance Program, or other health insurance coverage providing family planning services.

The overall objectives of the waiver are to:

- Increase the access to family planning services.
- Increase child spacing intervals through effective contraceptive use.
- Reduce the number of unintended pregnancies.
- Reduce Florida's Medicaid costs by reducing the number of unintended pregnancies by women who otherwise would be eligible for Medicaid pregnancy-related services.

The family planning waiver provides availability of family planning and family planning-related services to eligible women based upon an annual redetermination of income and other criteria specific to the demonstration.

Significant Program Changes

On June 27, 2013, prior to submitting the 2-year extension request for the period January 1, 2014 – December 31, 2016, the Centers for Medicare and Medicaid Service issued an automatic 1-year temporary extension for all Family Planning Waivers.

The FPW continues to provide the same services as the previous demonstration period, 2006-2009, with the addition of two new contraceptive services. The change in services will be detailed in the discussion relating to utilization of services.

The Agency has submitted an extension request to CMS on June 27, 2014 for the period January 1, 2015 through December 31, 2017.

Enrollment and Renewal

Enrollment in the waiver is offered to women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum or SOBRA beneficiaries (Population 1), as well as women of child-bearing age losing Medicaid coverage who have an income at or below 185 percent of the Federal Poverty Level or non-SOBRA (Population 2) beneficiaries.

Upon enrollment, primary care access information is provided to the enrollees by the County Health Departments (CHD). Additionally, Medicaid area offices offer assistance to enrollees needing access to primary care services. However, primary care is not a covered service for Waiver participants.

To clarify the enrollment figures provided, please review the definitions below:

- 1) Enrollees - described as all individuals enrolled in the Demonstration;
- 2) Participants - defined as all individuals who accessed one or more Family Planning Waiver service through the Demonstration; and,

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- 3) Member months - summarized as the number of months of service available to enrollees in the Demonstration; for example, if a person is eligible for 5 months of service, that person contributes 5 member months to the total.

Tables 1 and 2 identify the demonstration populations for DY15 and DY16. Tables 3 and 4 are provided that breakdown the annual enrollment figures by each quarter. Overall, the annual member months for the demonstration are comprised of approximately 90% SOBRA population 1 with the remaining 10% in the non-SOBRA population 2. Regarding the level of actual enrollee participation, the below tables identify a 27% participation in DY15 and a 21% participation in DY16. The lower DY16 participation level is a result of incomplete paid claims data for that year. Data for these figures were limited to claims paid as of July 2014.

TABLE 1 Demonstration Year 15 7/1/2012-6/30/13						
2012	Quarter 1 July 1-September 30, 2012			Quarter 2 October 1-December 31, 2012		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
# of Total Enrollees	62,605	10,173	72,778	64,931	8,559	73,490
# of Participants	9,434	3,509	12,943	9,934	2,835	12,769
# of Member Months	155,469	22,245	177,714	157,646	19,045	176,691
2013	Quarter 3 January 1-March 31, 2013			Quarter 4 April 1-June 30, 2013		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
# of Total Enrollees	64,744	6,798	71,542	66,834	5,410	72,244
# of Participants	10,348	2,300	12,648	10,515	2,019	12,534
# of Member Months	158,040	14,649	172,689	162,960	11,866	174,826

TABLE 2 Demonstration Year 16 7/1/2013-6/30/14						
2013	Quarter 1 July 1-September 30, 2013			Quarter 2 October 1-December 31, 2013		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
# of Total Enrollees	63,766	11,606	75,372	64,599	9,338	73,937
# of Participants	8,365	2,554	10,919	8,133	2,052	10,185
# of Member Months	154,265	25,685	179,950	158,872	20,696	179,568
2014	Quarter 3 January 1-March 31, 2014			Quarter 4 April 1-June 30, 2014		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
# of Total Enrollees	63,427	6,879	70,306	65,526	5,247	70,773
# of Participants	8,345	1,757	10,102	7,870	1,425	9,295
# of Member Months	158,123	15,191	173,314	158,113	11,737	169,850

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TABLE 3 Demonstration Year 15 7/1/2012-6/30/13			
	Population 1	Population 2	Total Demonstration Population
#of Total Enrollees	115,057	13,879	128,936
#of Participants	27,238	7,241	34,479
#of Member Months	634,115	67,805	701,920

TABLE 4 Demonstration Year 16 7/1/2013-6/30/14			
	Population 1	Population 2	Total Demonstration Population
#of Total Enrollees	112,632	14,800	127,432
#of Participants	22,210	5,038	27,248
#of Member Months	629,373	73,309	702,682

Service and Providers

- **Service Utilization:** Two new contraceptive services were added to the FPW as options for beneficiaries at the request of stakeholders. The first is an implantable permanent sterilization procedure called *essure®*. The second new contraceptive option is *IMPLANON®* a hormone-releasing birth control implant for use by women to prevent pregnancy for up to three years. In addition to these services, Florida Medicaid added reimbursement for vaginal film, diaphragm, male condom, spermicide, and Plan B emergency contraceptive under pharmacy services.
- **Provider Participation:** County health departments (CHDs) within Florida, under the direction of DOH, are responsible for making eligibility determinations for all women applying to the waiver and for annual redeterminations. Many of the eligible women choose to receive FPW services at their local health department. CHDs continued to offer a strong presence in the provision of family planning services for all eligible and enrolled women.

Program Outreach Awareness and Notification – Demonstration Year 15

The following outreach activities were provided in DY15 (FY 12-13) by the Florida Department of Health (DOH):

- ***General Outreach and Awareness***

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- The DOH School, Adolescent and Reproductive Health Section (SARH) Central Office staff participated in monthly Family Planning Waiver (FPW) Region IV Evaluator's conference calls.
- FPW advocacy for individual clients was provided by staff of county health department (local DOHs), Healthy Start, MomCare, Healthy Start Coalitions, Family Health Line, and DOH Central Office. The staff members helped to resolve Medicaid eligibility and access issues related to women who lost full Medicaid coverage for pregnancy-only, due to technical issues with the FMMIS system early in the fiscal year.
- The Florida Family Health Line, a toll-free hotline, assisted callers in accessing FPW applications, information, and services.
- During April 2013, training was provided to local DOH eligibility staff members, as well as Healthy Start personnel via Webex.
- Following the trainings, presentations were uploaded on the DOH Family Planning Program internal web page for year round access for new staff members.
- The DOH central office staff provided training to new local DOH staff as needed, as well as guidance, policy clarifications and updates on scheduled monthly conference calls with County Health Departments.

- **Quality Assurance and Monitoring activities**

For quality assurance purposes, the DOH central office staff members provided technical assistance for FPW issues on a continual basis, and performed administrative file reviews on all local DOHs regarding the FPW eligibility process. Twenty-two (22) local DOHs received an onsite visit for fiscal year 2012-2013. The DOH's systematic quality assurance/quality improvement (QA/QI) process follows a three-year cycle: an onsite visit during the first year, a follow-up review of the monitoring site visit the second year and a desk review via conference call the third year. The three year cycle then begins again for that local DOH. During an onsite review, the administrative files for women, who applied for the FPW during the previous quarter of the fiscal year, are reviewed. The review includes determination of compliance with FPW requirements, mandatory staff FPW training, and local outreach activities. The results of the administrative file review are provided to the local DOH leadership. If the reviewer identified eligibility determination errors, the DOH submits corrections to AHCA for transmission to the Medicaid fiscal agent. The recipient is notified in writing of any change in their FPW eligibility.

Program Outreach Awareness and Notification – Demonstration Year 16

The following outreach activities were provided in DY16 (FY13-14) by the Florida Department of Health (DOH):

- **General Outreach and Awareness**

- The DOH School, Adolescent and Reproductive Health Section (SARH) central office staff participated in monthly Family Planning Waiver (FPW) Region IV Evaluator's conference calls.
- FPW advocacy for individual clients was provided by staff of county health department (local DOHs), Healthy Start, MomCare, Healthy Start Coalitions, Family

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Health Line, and DOH Central Office. The staff members helped to resolve Medicaid eligibility and access issues related to women who lost full Medicaid coverage for pregnancy-only.

- The Florida Family Health Line, a toll-free hotline, assisted callers in accessing FPW applications, information, and services.
- During March 2014, training was provided to local DOH leadership staff members, via Webex.
- Following the trainings, presentations were uploaded on the DOH Family Planning Program internal web page for year round access for new staff members.
- The DOH central office staff provided training to new CHD staff as needed, as well as guidance, policy clarifications and updates on scheduled monthly conference calls with County Health Departments.

- **Target Outreach**

In March 2014, the DOH formed a Community Health Promotion Council-Family Planning Subgroup to identify methods to increase FPW Utilization amongst clients. Subgroup committee members developed a multilevel approach to assess and increase FPW utilization. The first approach includes assessing how many clients are currently enrolled in the FP Waiver in each county. Local DOH Administrators also surveyed their respective eligibility staff members regarding how they encourage enrollment for FP Waiver and identify barriers that may inhibit enrollment. The committee members will use the information gathered from the sources to guide future activities for targeted outreach opportunities.

- **Quality Assurance and Monitoring Activities**

For quality assurance purposes, the DOH staff members provided technical assistance for FPW issues on a continual basis, and performed administrative file reviews on all CHDs regarding the FPW eligibility process. Seventeen (17) local DOHs received an onsite visit for fiscal year 2013-14. The DOH's systematic quality assurance/quality improvement (QA/QI) process follows a four three-year cycle: an onsite visit during the first year, a follow-up review of the monitoring site visit the second year, a desk review via conference call the third year and a technical assistance conference call in the fourth year. The four year cycle then begins again for that local DOH. During an onsite review, the administrative files for women, who applied for the FPW during the previous quarter of the fiscal year, are reviewed. The review includes determination of compliance with FPW requirements, mandatory staff FPW training, and local outreach activities. The results of the administrative file review are provided to the local DOH leadership. If the reviewer identified eligibility determination errors, the DOH submits corrections to AHCA for transmission to the Medicaid fiscal agent. The recipient is notified in writing of any change in their FPW eligibility.

Interim Evaluation of Goals and Progress

The Agency has contracted with the University of Florida's Family Data Center to complete an independent evaluation of the Family Planning Waiver program authorized as a Research and Demonstration Waiver under a Section 1115(a) of the social security act. The evaluation design includes a mixed methods approach, combining quantitative and qualitative analytical techniques to assess changes in access and quality of care over time. Study populations

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include “new enrollees” and “participants”. New enrollees are women who have a Family Planning Aid Category Code in the Medicaid eligibility file. “participants” refer to new enrollees who have at least one paid Medicaid claim record and a family planning program code.

The most recent findings comparing DY 15 new enrollees and participants to new enrollees and participants served in previous demonstration years include the following:

Goal 1: Increase the access to family planning services.

Progress Update: The participation rate increased 24% between DY14 (July 1, 2011 – June 30, 2012) and DY15 and is statistically significant. The participation rate is the percentage of new enrollees who participated (received at least one waiver-covered service). Statewide, new enrollees in two race/ethnicity groups increased dramatically between DY11 and DY15: there was a 48.2% increase of new enrollees in the American or Asian Indian and other group, and a 20.3% increase of new enrollees in the Asian group.

Goal 2: Increase child spacing intervals through effective contraceptive use.

Progress Update: Birth spacing increased among participants. Significantly fewer participants in DY15 had an interbirth interval less than 24 months compared to participants in DY9-DY11 (30% for DY15 and 32% for DY9-DY11).

Goal 3: Reduce the number of unintended pregnancies.

Progress Update: The rate of unintended pregnancies among a selected sample of DY14 participants was nearly seven percentage points lower than that among the selected sample of DY14 non-participants: 15% vs. 22%. The sample was restricted to women who met three conditions: 1) those who had received at least one FPW contraceptive service (participants); 2) those who had conceived after receiving a FPW contraceptive service (participants) and those who had conceived after enrolling in the program (non-participants); and, 3) both these groups had to be able to be linked to the Healthy Start Prenatal Risk screen to determine whether their pregnancy had been unintended.

*DY14 is the latest available year of data for this measure

Annual Expenditures

Table 5 shows the Annual Expenditures for the demonstration period.

TABLE 5						
	Service Expenditures as reported on the CMS-64		Administrative Expenditures as reported on the CMS-64		*Expenditures as requested on the CMS-37	Total Expenditures as reported on the CMS-64
	Total Computable	Federal Share	Total Computable	Federal Share		
Demonstration Year 14	\$5,705,901	\$3,208,303	\$35,424	\$29,552		\$5,741,325
Demonstration Year 15	\$3,785,274	\$2,254,422	\$26,489	\$22,095		\$3,811,763
Demonstration Year 16	\$6,266,825	\$2,809,102	\$74,459	\$63,245		\$6,341,284

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*The Agency is unable to report expenditures as requested on the CMS-37 report as the estimated expenditures are not reported separately for the FPW. The Agency will be unable to report this data over the lifetime of the demonstration extension.

Budget Neutrality Expenditure Limit

Tables 6 and 7 show the budget neutrality expenditure limit for the demonstration period.

TABLE 6 Demonstration Year 15 July 1, 2012 - June 30, 2013			
	Population 1	Population 2	Total Demonstration Population
#Member Months	634,115	67,805	701,920
PMPM*	\$17.31	\$17.31	\$17.31
Annual Expenditures Limit <i>(Member months multiplied by PMPM)</i>	\$10,976,531	\$1,173,705	\$12,150,235

TABLE 7 Demonstration Year 16 July 1, 2013 - June 30, 2014			
	Population 1	Population 2	Total Demonstration Population
#Member Months	629,373	73,309	702,682
*PMPM	\$18.35	\$18.35	\$18.35
Annual Expenditures Limit <i>(Member months multiplied by PMPM)</i>	\$11,548,995	\$1,345,220	\$12,894,215

*PMPMs as defined in STC Section VIII #43(a.)

This waiver continues to operate within the budget limit thresholds as defined in STC Section VIII #43(d). The waivers actual annual expenditures for DY15-16, as reported in the State's CMS64 reports, as less than the budget limit PMPMs defined in the above tables.